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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Capitol Indemnity Corporation
<b>TOI/Sub-TOI:</b>	35.0 Interline Filings/35.0002 Commercial Interline Filings		
<b>Product Name:</b>	Signature Page Revision		
<b>Project Name/Number:</b>	Signature Page Revision /19-INTER-FO-CW-080		

## Filing at a Glance

Company:	Capitol Indemnity Corporation
Product Name:	Signature Page Revision
State:	District of Columbia
TOI:	35.0 Interline Filings
Sub-TOI:	35.0002 Commercial Interline Filings
Filing Type:	Form
Date Submitted:	01/09/2020
SERFF Tr Num:	CAPC-132199454
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	19-INTER-FO-CW-080
Effective Date	03/01/2020
Requested (New):	
Effective Date	03/01/2020
Requested (Renewal):	
Author(s):	Stephanie Pasker
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

**State:** District of Columbia **Filing Company:** Capitol Indemnity Corporation  
**TOI/Sub-TOI:** 35.0 Interline Filings/35.0002 Commercial Interline Filings  
**Product Name:** Signature Page Revision  
**Project Name/Number:** Signature Page Revision /19-INTER-FO-CW-080

## General Information

Project Name: Signature Page Revision  
Project Number: 19-INTER-FO-CW-080  
Reference Organization:  
Reference Title:  
Filing Status Changed: 01/09/2020  
State Status Changed:  
Created By: Stephanie Pasker  
Corresponding Filing Tracking Number:

Status of Filing in Domicile:  
Domicile Status Comments:  
Reference Number:  
Advisory Org. Circular:  
  
Deemer Date:  
Submitted By: Stephanie Pasker

### Filing Description:

RE: Signature Page Revision  
Company File #: 19-INTER-FO-CW-080  
NAIC #: 0501-10472  
FEIN #:39-0971527

Capitol Indemnity Corporation would like to place on file a revision to our signature page BJP 190. The secretary name is changing and based on suggestions by multiple states we are going to file with blank signature fields to minimize filings if names change in the future. When this form is issued with the policy the signatures will be printed under their corresponding titles.

Please replace BJP 190 (07-19) with BJP 190 (01-20)

Thank you for your time and consideration of this filing.

## Company and Contact

### Filing Contact Information

Stephanie Pasker, Senior Product Analyst spasker@capspecialty.com  
PO Box 5900 608-829-4856 [Phone]  
Madison, WI 53705

### Filing Company Information

Capitol Indemnity Corporation	CoCode: 10472	State of Domicile: Wisconsin
PO Box 5900	Group Code: 501	Company Type:
Madison, WI 53705	Group Name:	State ID Number:
(608) 829-4200 ext. [Phone]	FEIN Number: 39-0971527	

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Capitol Indemnity Corporation
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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Signature Page	BJP 190	01-20	OTH	Replaced	Previous Filing Number:	CAPC-132006278		BJP 190 (01-20) Capitol Indemnity Corporation Signature Page.pdf
							Replaced Form Number:	BJP 190 (07-19)		

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

**CAPITOL INDEMNITY CORPORATION**

P.O. Box 5900  
Madison WI 53705-0900  
Toll Free (800) 475-4450

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Secretary

President

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## Supporting Document Schedules

Bypassed - Item:	Consulting Authorization
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Readability Certificate
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Terrorism Risk Insurance Program Reauthorization Act of 2015
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	